

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/593202		FILING DATE				
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55	/					
6		/					56		/				
7		/					57	/					
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15	/						65	/					
16		/					66		/				
17		/					67		/				
18		/					68		/				
19	/						69		/				
20		/					70		/				
21		/					71		/				
22		/					72		/				
23		/					73		/				
24		/					74		/				
25		/					75		/				
26		/					76	/					
27		/					77						
28		/					78						
29	/						79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42	/						92						
43	/						93						
44		/					94						
45	/						95						
46		/					96						
47		/					97						
48		/					98						
49	/						99						
50	/						100						
TOTAL IND.	14	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	62	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	76						TOTAL CLAIMS						